

ARIZONA SUPREME COURT

Administrative Office of the Courts Defensive Driving Program 1501 W. Washington, Suite 104 Phoenix, Arizona 85007

School Annual Renewal Form

Complete and submit this application with the applicable renewal fee and required documentation by mail prior to November 30th of each renewal year. Late applications will not be accepted. Schools failing to apply for renewal prior to November 30th will be required to file initial applications for certification as new schools with the initial \$500 fee and will not be permitted to exercise the privileges of certification until the new certification process is completed.

Please provide the required documentation by November 30th:

- A. Copy of your currently valid proof of insurance certificate;
- B. A list of the courts you currently serve. Indicate for each whether you have a signed contract with that court. If the arrangement is other than a written contract, so indicate and specify the arrangement.
- C. A list of your currently certified instructors, noting which are inactive, in any. Please include a listing of the instructor's email addresses.
- D. A list of personnel who use the Defensive Driving Tracking System for data entry and/or eligibility checks and the used ID each person is using.

Applicant Information Name of Business: Certificate #: ______ **Business Address: Physical Street Address** (may not be a P.O. box): (Street) (City) (State) (Cnty) (Zip) Fax Number: **Business Phone Number:** _____ ()_____ **Internet Address: Business Contact:** Name of Principal: Certificate #:

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Since you last renewed your certification:

(This is a required question. You **MUST** provide a response.)

- (1) Has any officer, director, partner, member, trustee, manager or principal of your company or school committed fraud, dishonesty, corruption, or material misrepresentation in applying for a certificate or on a certificate examination in this state or any other state;
- (2) Is there a record of conduct constituting dishonesty or fraud on the part of any employee, any board member, or the business;
- (3) Has your company or any officer, director, partner, member, trustee, manager or principal ever made a false or misleading statement on behalf of any applicant for certification, or made a false or misleading oral or written statement to the Program;
- (4) Does any officer, director, partner, member, trustee, manager or principal of your company or school currently have a record of conviction by judgment of a felony or any offense involving moral turpitude;
- (5) Is any officer, director, partner, member, trustee, manager or principal of your company or school currently on probation, parole, or community supervision for a felony offense or named in an outstanding warrant;
- (6) Is your schools certificate or the certificate of any officer, director, partner, member, trustee, manager or principal of your company or school subject to revocation or suspension or is there any cause under program rules or statute for which certification for your school could be refused;
- (7) Has your school or any officer, director, partner, member, trustee, manager or principal been denied certification or occupational license by any entity;
- (8) Has your school or any officer, director, partner, member, trustee, manager or principal of your company or school had an occupational or professional license denied, revoked or suspended;
- (9) Has your school or any officer, director, partner, member, trustee, manager or principal been in violation of any order of a court, judicial officer or administrative tribunal, now or in the past, or violated any rule, decision or order issues by an occupational or professional certification program;
- (10) Has any disciplinary action or court sanction been taken against your school or any officer, director, partner, member, trustee, manager or principal of your company or school (e.g. reprimand, censure, sanction, fine or other penalty) in any state; or
- (11) Has your company, school or any officer, director, partner, member, trustee, manager or principal of your company or school been found civilly liable in an action involving fraud, misrepresentation, material omission, misappropriation, theft or conversion?

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List all incidents, even incidents that may be pending and/or in litigation. Do not answer "Yes" if you have only <u>civil</u> traffic violations. If you answer "Yes," provide complete written documentation, including where the finding or conviction occurred, the nature and details of the case, case disposition, court, and case number and all other relevant information.

Program or Documentation Changes					
Since your last application, have there been any changes to any of the following:					
Operational Procedures Financial Procedures Ownership/Officers disclosure Instructor Manual Instructor Training Program Curriculum/script Audiovisual programs or training aids	 □ Yes □ No 	If yes, provide a separate copy If yes, provide a separate copy If yes, complete the owner/officer section of this application If yes, provide a separate copy If yes, provide separate documentation If yes, provide a separate copy If yes, provide an updated list.			
Owner / Officer Disclosure					
All persons having interest in the company must be disclosed. Check the appropriate box and fill out the section(s). □ Corporation □ Limited Liability Co. □ Partnership □ Sole Proprietorship □ Other If the company structure does not fit one of the above categories, or if additional information needs to be provided, complete a separate sheet detailing the company structure and all officers, principals and owners. Provide any other employment or occupations each holds, home addresses and home phone numbers must be disclosed, whether the individual serves in a paid position or as a volunteer.					
Legal Name:					
Legal Last Name	Full First Name	Full Middle Name:			
Corporate Title/Position:					
Address - Physical Street Address (may not be a P.O. box):					
(Street Address)	(City)	(State) (Zip)			
Home Telephone Number: ()					
Other Professional / Occupational Details:					

Legal Name:				
Legal Last Name	Full First Name	Full M	Full Middle Name:	
Corporate Title/Position:	:			
Address - Physical Street	Address (may not be a P.O. box):			
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Other Professional / Occi	upational Details:			
Legal Name:				
Legal Last Name	Full First Name	Full M	Full Middle Name:	
Corporate Title/Position:	:			
Address - Physical Street	Address (may not be a P.O. box):			
(Street Address)	(City)	(State)	(Zip)	
Home Telephone Number: ()				
Other Professional / Occ	upational Details:			

Indemnification and Conflict of Interest Affirmations

Having filed this application, we agree to indemnify, defend and hold harmless the Arizona Supreme Court and any other court contracting or otherwise doing business with the school from any and all claims, demands, suites, actions, proceedings, loss, cost and damages of every kind and description, including any reasonable attorney's fees and or litigation expenses, which may be brought or made against or incurred by the court on account of loss or damage to any property or for injuries to or death of any person, to the extent caused by, arising out of, or contributed to, in whole or in part, by reason of the operation of the school, or arising out of worker's compensation claims, unemployment compensation claims, or unemployment disability compensation claims of employees of the school or claims under similar such laws or obligations.

We additionally affirm that as an organization seeking certification to provide defensive driving courses as court diversion programs in the state of Arizona, we do not currently have or employ, nor will we permit in the future, owners, officers, partners or employees who are also (1) officers or employees of any public agency who have within the regular scope of their duties the power to cite individuals for civil traffic violations, influence the resolution of civil traffic violations, or to otherwise control advise, solicit, or order the attendance, or potential attendance, of individuals at a defensive driving school, or (2) officers or employees of any public agency who are in a position to derive a profit or fund their own activities, or the activities of their agency, from the use of public facilities, or by requiring the assistance of other public employees, in the presentation of a defensive driving course, or (3) officers or employees of an Arizona court in any capacity, whether for pay or as volunteers.

Authorization, Release, Oath and Affirmation

Having filed this application, we hereby consent to having an investigation made concerning the company's business practices, of the moral character, professional reputation, and fitness for certification under program rules of all officers, directors, partners, members, trustees, managers or principals. We agree to give any further information which may be required in reference to my past or current record.

We also authorize and request every person, firm, company, corporation, governmental agency, court association, or institution having control of any documents, records, and other information including documents, records, charges or complaints filed against us, formal or informal, pending or closed, or any other pertinent data, to permit the Defensive Driving Program, its agents or representatives to inspect and make copies of such documents, records, and other information.

We release, discharge, and exonerate the Defensive Driving Program, its agents and representatives, the State of Arizona, and any person furnishing information pursuant to this Authorization and Release from all liability which may arise from the investigation made by the Defensive Driving Program.

We affirm that this school, if a corporation is in good standing with the Arizona Corporation Commission, that we are licensed to conduct business in Arizona, we are in continual compliance with all state, federal and local statutes and ordinances. We have read Arizona Code of Judicial Administration §§ 7-201 and 7-205 and we understand and will remain in compliance with all the provisions therein.

We understand willful omission or misrepresentation of any fact required to be disclosed in this application or any accompanying statement is a ground for refusing to issue or renew a certificate or for revoking a certificate.

We acknowledge that we have read this application form and that all statements are true and complete to the best of our knowledge and belief and that this Authorization and Release is freely given.

We declare under penalty of perjury under the laws of the State of Arizona that the foregoing is true and correct.

Principal:	Date:
	T OF VERIFICATION Acknowledgment
THE STATE OF ARIZONA, COUNTY O	OF
known to me to be the person whose na	is day personally appeared, ame is subscribed to the foregoing instrument, and the same for the purposes expressed, and affirmed that
Given under my hand and seal of office or	n this, 20
Notary Public, State of Arizona	_
Notary's Name Printed	My Commission Expires
Defensive Driving Program Use Only	
Reviewed By:	Date:
Approved for Recertification: If denied, reason for denial:	
Held for:	Date:
	Cleared: